

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	V(N)		07/10-01
O.I.P.E. CLASSIFIER		10	11/9
FORMALITY REVIEW	MD	J.C.M	10/16/01
RESPONSE FORMALITY REVIEW	STAF	11/0	10-16-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	Final
2	Original
3	3/4/62
4	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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REC-5-9C523  
08/22/01  
REC/10-17-01  
REC